

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office

Designated Agency Contact (Name, Title)

David Sykes, City Manager

Area Code/Phone Number

(408) 535-8100

E-mail

webmaster.manager@sanjoseca.gov

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**California
Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 200.00

Event Description: Bay Area Bach Date(s) 1 / 6 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Sports Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
See Attached List	31	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: College Football Championship Event - City of San Jose Representative
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

D. Sykes
Signature of Agency Head or Designee

D. SYKES
Print Name

CITY MANAGER
Title

1/18/19
(month, day, year)

Comment: _____

BAY AREA BASH**January 6, 2019****Attendees**

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>QTY OF TICKETS</u>
Walesh	Kim	2
Zelalich	Blage	2
Iglesias	Melina	2
Turnipseed	Tammy	1
Trede	Troy	2
Casper	Brandon	2
Kline	Kelly	2
Groen	Mary Anne	2
Jones	Chappie	2
Aguila	Juan Carlos	2
Diep	Lan	2
Davis	Dev	2
Goings	Shirley	2
Khamis	Johnny	2
Low	David	2
Sun	Vicki	2